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ORIGINAL COMMUNICATIONS.

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RECTAL MEDICATION.

By R. W. Musgrave, Ph. B., M. D., Hanford, Cal.

The subject of this paper is a branch of medical inquiry which, although not new, may be considered as coeval with clysters. From Bodenhamer, who has written a treatise on this subject, we learn that it dates back several centuries. Pliny intimates in his writings that the idea of injections was suggested by an Egyptian bird, the Ibis. On certain occasions, after drinking water, it was observed to inject the same into its anus by means of its long beak, and thus produce an immediate evacuation. Another writer adds "that the ancient Egyptians learned the use of clysters from the Ibis, a celebrated bird of that country, which, after it became sick, would, with its long bill, inject the water of the Nile into its fundament." Herodotus, in writing of the manner of living of the ancient Egyptians, says:

"They purge themselves every month, three days in succession, seeking to preserve health by emetics and clysters, for they

suppose that all diseases to which men are subject, proceed from the food they use." John Ardern, an English surgeon of the fourteenth century, gave the subject considerable thought, and advised salt as the best material for injections. He explains the great usefulness of this method of medication, but cautions the reader to be careful in its administration. The literature, however, of this subject does not date back many years, and from those who have written on it, we find that it received but little attention till the early part of this century. Dr. Austin Flint says, "that Samuel Hood, in 1822, was the first in this century to write concerning this form of nourishing; the next writer was Steinhausen in 1845. It is recorded, however, that an Italian physician employed this method successfully two-centuries ago."

But little attention has been given to the rectum, as an absorbing, if not a digestive organ; and the products of secretions or excretions which are found in or are peculiar to it. But this lack of knowledge is not alone confined to this organ, for when we take into consideration stomachic medication, which all physicians consider to be of transcendent importance, how much knowledge do we possess of the modifications which substances undergo in this organ? or, who can unravel the mystery connected with the manner by which medicines reach the diseased economy? These are questions which, we may say, are but yet imperfectly understood.

Next to stomachic medication ranks rectal medication; but then how often is this resorted to unless in disease of that organ? But, if we know that medicines, or aliment, act with more efficiency *per anum*, then why not administer this way? When we select a therapeutical remedy, it is not alone sufficient to know in what form and dose it is to be administered to do the most good, but through what channel. It is a certain fact, that a remedy, to produce any effect, must be received into the system in some manner; that is, it must be by absorption or other process. Numerous methods have been advocated, and theories advanced, but they have all ultimately resulted in the idea, that the stomach was the only proper channel; and it is even contended by some physicians of the present day, that that is the

only avenue through which a medicine should be administered, basing their arguments on the physiological law of "acids in the stomach, alkalies in the intestines, etc.," so that, whatever the nature of the prescribed remedy, it is readily soluble, or susceptible of such in the secretions of the canal to which it is addressed.

Certain general rules may be laid down governing us in the administration of remedies, or food, *per anum*, viz:

First: Some medicines, when addressed immediately to the stomach, tend to impair digestion, at a time when it is important it should be improved, or not interfered with; whereas, if administered *per rectum* no ill effects would probably ensue.

Second: Remedies, administered under peculiar circumstances, would undergo decomposition, thus materially interfering with digestion.

Third: From some cause it becomes impossible to convey food or medicine to the stomach by the natural passage.

Fourth: When there is great exhaustion, and the presence of remedies in the stomach and small intestine causes trouble.

Fifth: When the patient refuses, or is unable to take the prescribed medicines.

These and many other reasons might be enumerated, all going to show that it becomes a necessity of selecting a certain and more speedy administration than by the stomach.

Rectal medication may be said to be carried on in four different ways, viz:

1—Enemas.

2—Suppositories.

3—Injection of gases, etc.

4—Application of electricity.

Of these methods we will confine our remarks more particularly to that of enemas.

Enemata may be classed under different heads according to the effect intended to be produced. They may be, laxative, stimulating, anti-spasmodic, anodyne, sedative, tonic, astringent, demulcent, nutritive, etc.

The administration of an enema or injection is an operation considered of trivial importance, and is frequently performed

without the care and attention its execution demands. Ignorant nurses and others, are confided with its performance, who, without any knowledge of the anatomy of the rectum, endanger, if not seriously injure the delicate parts by their awkward movements, and consequently fail in gaining the object for which the procedure was intended. The operation is one of delicacy, and should be performed only by the physician, or some one thoroughly competent in its execution.

Whether the enema be intended to act as an anodyne, sedative, or otherwise, no air should be admitted, as this is productive of pain. Before its administration the bowel should be emptied of any accumulated feces, so that the medicine may not be contaminated or rejected. If there be a strong desire to pass it, as frequently occurs when the organ is irritable, a sponge dipped in warm water, or a warm cloth pressed against the fundament for a short time, will allay the feeling, and enable the patient to retain it.

"Enemas operate chiefly by stimulation, and evacuate to the extent only to which such stimulation is applied or reaches; therefore, in production of catharsis, it must be remembered, that, independent of their composition, there are two circumstances, which will always more or less change or modify their activity, namely, *impulse* and *quantity*. By these are obtained both the stimulus of impression and that of distention." The preparation to be introduced should be warmed to the temperature of 98° or 99° F., and slowly injected with a syringe, which has also been warmed and oiled. Bodenhamer recommends the use of a three ounce graduated glass syringe (similar in shape to an hypodermic syringe), with a screw piston, rubber nozzle and rubber tube attachment seven inches long. With this instrument the unnecessary hasty distention of the bowels is obviated, and the premature expulsion of the injection overcome. Still, where this apparatus is not at hand, an ordinary barrel syringe or a Davidson's syringe will answer all practical purposes, care being taken not to use too great force; the patient with the use of either, should lie upon his side, near the edge of the bed, with the thighs slightly flexed on the abdomen. The enema to answer the purpose intended should be adapted, accurately both

in quality and quantity to the tolerance of the bowel, and then it should be so administered as not to irritate or injure the parts. For we know that the rectum will not tolerate the presence of any irritating material and consequently the injection must be small in quantity and of the most bland material.

The mucous membrane of the rectum is similar to that of any other portion of the body, and possesses all the requisites necessary to absorption, being freely supplied with lymphatics and blood-vessels. Its glandular supply is likewise abundant, there being both the follicles of Lieberkuhn and lymphoid follicles, the functions of which were supposed to be devoted to secretion only; but this theory has been contradicted by Dr. Horner, who claims their office is to absorb, not secrete. Dr. Flint says that "digestion and absorption may be due to the presence of the follicles of Lieberkuhn, which may take on a vicarious action when stimulated by the presence of digestible material; also, that the presence of food in the large intestine may stimulate the glands of the stomach and small intestine, the secretion passing into the large intestine."

The nervous supply of the rectum is derived from the sacral and hypogastric plexuses, their filaments being distributed to the mucous membrane and muscular layer. This explains the extreme sensitiveness in affections of this organ, and also why medicines directed here act more energetically than by the stomach.

When a medicine is addressed to the rectum it comes in contact with a mucous surface, and is absorbed into the blood, if it possesses that property; consequently three kinds of effects may be considered:

FIRST: The local effect upon the mucous membrane itself.

SECOND: The topical effects of the remedy upon the substances or products existing in the rectum, and in contact with its mucous coat.

THIRD: The remote effect of the remedy upon the blood and vital processes after absorption has taken place."

It is well here to look over some of the many advantages gained by resorting to this plan of medication, and the many diseases to which this method is applicable. The several phys-

iological facts presented go far to prove that many medicines introduced into the rectum frequently produce a more decided and rapid effect than by the stomach. An eminent authority on this subject says, "the rectum absorbs, but does not digest, and in consequence of the absence of digestion, passes more directly, more purely and more surely to its destination, than the same medicine does when taken into the stomach." We know that substances introduced per rectum are conveyed through two great systems of circulation to their destination, viz., the portal and systemic, and thus a more specific certainty and promptness of action is obtained. This method is therefore invaluable in such troubles as drowning, suffocation and the like.

Through the medium of the rectum the most decided impressions are produced upon the adjoining pelvic viscera, viz., bladder, vagina, uterus, prostate gland, etc. In cases of menorrhagia, associated with the climacteric period, Prof. F. Barker highly recommends the use of Squibb's aqueous extract of ergot in suppositories, he says: "One of these is to be introduced into the rectum morning, noon and night. These suppositories are to be used for a week previous to menstruation, and also through its duration." Chloral hydrate can always be administered through the rectum with perfect safety and certainty, for we frequently find patients in whom the use of the drug produces nausea and vomiting, or its flavor is disagreeable. To relieve it of any of its pungency, when used as an enema, it is well to incorporate it with the white of an egg, or mucilage, to which a little milk is added. In chorea it can be administered in doses of $\mathfrak{3j}$ to a $\mathfrak{3j}$ twice daily, until the movements cease. In vomiting of pregnancy it has been used in doses of $\mathfrak{3ss}$ night and morning by Dr. Simmons, of Yokohama. The same doses have been recommended in neuralgia and acute mania. Quinine, it is claimed, will cure an intermittent fever as speedily and permanently when given by the rectum as by the mouth, and only one-half the quantity is required. Balsam copaiva has been said to cure gonorrhœa sooner by the rectum than by the mouth. If so, then why subject the stomach to this disagreeable and nauseating drug, as a great many practitioners do?

Dr. Flint cites a case where $\mathfrak{3ij}$ of the fluid extract of ergot

were administered in a violent case of hematemesis, with good results. In a case of acute tuberculosis recently reported in one of the medical journals, where frequent attacks of hemoptysis were incident, and where it was necessary to use opiates and other hemostatic agents, it was found difficult to secure any action of the bowels. Podophyllum as an enema was used with gratifying results, for, "in five hours after injecting, the patient had a comparatively easy and copious stool." The following formula was used:

R. Podophyllum fld, ext., gtt. xl;
Aqua, q. s. \bar{z} ij.

M. ft. injectio.

In chronic intestinal catarrh enemata of cold water have been used with satisfaction. "If this fails to empty the bowels completely a larger enema of warm water—one pint—holding in solution sulphate of zinc or alum, in the strength of one grain to three or four ounces, can be thrown high up with a rubber tube once daily." This injection acts on the mucous surface constringing the vessels thus forcing away the retained feces. Where ulceration has existed for a long time, irrigations with a solution of nitrate of silver may be resorted to; "two or three pints of distilled water holding five grains in solution," this method to be used once every day after the bowels move, but, if the rectum proves irritable, then every other day.

In cases of intestinal obstruction large quantities of warm water ought to be thrown into the bowels, before resorting to operative interference; this will frequently succeed when all other means have failed. A new method of treating jaundice has lately been proposed by Krull, it consists "of injecting from two to four pints of water at 60 degrees F, which is retained as long as possible. Each time the injection is repeated the temperature is raised a little." The method has the merit that if no good is accomplished no injury is done. So we may continue to cite cases, but enough has been said to show the applicability and the marked benefit derived when the rectum has to be resorted to in treatment of disease; although it never can completely substitute stomach medication yet, it should, to a great extent, restrict its use.

DUAL DIPHTHERIA AND SCARLATINA.

By Lyman Watkins, M. D., Blanchester, Ohio.

The occurrence of scarlatina and diphtheria, simultaneously, in the same patient, is not usual. Scarlatinal angina sometimes resembles diphtheria, but careful examination will show the sore throat to be not diphtheritic. Diphtheria is sometimes accompanied by an eruption, which careful examination will show to be not scarlatinal. But there are cases in which there is genuine diphtheria occurring during the progress of scarlet fever. Three such cases recently came under my notice. The first was a girl, five years of age. She had been complaining of sore throat for two days, but was not considered in need of a physician until the morning of the third day, when an eruption appeared and I was called to see her. The eruption was that of scarlatina. Upon examination, a well-marked diphtheritic membrane was found upon tonsils. The odor of diphtheria was very evident. Under appropriate treatment, the diphtheritic exudation disappeared in two days, and the scarlatinal eruption became well-marked as were also the strawberry tongue and reddened fauces of that disease. She progressed well under treatment, desquamation and recovery occurring in due time.

The second case was that of a boy, four-years old in whom the eruption also occurred before I was called. There was no complaint of sore throat, but on examination, diphtheritic patches were found on the fauces. The attack was light, and, although the eruption was profuse, the patient was at no time unable to play and take food with relish. The third case was that of a female child, aged two years, and was somewhat more severe than the other two. The child had been taken in the night with vomiting and high fever; the throat was very red, and there was a dusky red appearance of the skin but no eruption. In the evening of the same day, the fever had greatly abated. There was no eruption, but the throat presented diphtheritic patches, by the evening of the third day. The pseudo-membrane had disappeared, but there was an increase of the pyrexia and the eruption of scarlatina was out copiously.

This case also recovered after a tedious convalescence complicated with albuminuria. J. Lewis Smith, M. D., in his valuable article on diphtheria, *Pepper's Syst. Med.*, Vol. 1, p. 515, reports four cases of this dual disease; also cites forty-three cases reported by Sanrie of Paris. Saml. Jones Gee, London, reports one case. Reynold's *Syst. Med.*, Vol. 1, p. 93. It is also referred to by Wm. Squire, p. 71.

M. PASTEUR ON RABIES.

Condensed Copy of the Minutes of the "Academy of Sciences" of Paris, held on the Latter Part of the Month of October, 1885.—Translated from the French for the CALIFORNIA MEDICAL JOURNAL.

Report of M. Pasteur—The aims which I was tending to reach were to prevent the mortal effects which follow in the majority of cases, the wounds inflicted by the teeth of rabic animals.

For this purpose, I attempted to render my subjects proof against rabic inoculations by a treatment which I have already mentioned.

On twenty subjects, fifteen or sixteen only were rendered proof with certainty. I was, however, obliged to practice inoculations of the most energetic kind. Moreover, I had to wait three or four months for the results of these inoculations.

The process had the grave inconvenience of not adapting itself to an immediate result in experimentation. I was to discover another, more rapid and more sure, and I have succeeded. I am, to-day, in possession of a practice, simple in its manipulation and constant in its effects.

I inoculate a rabbit, whose cranium has been trephined under the dura-mater, with a fragment of tissue borrowed from the marrow of a rabic subject. The period of incubation lasts fifteen days. On the dead rabbit, I take, in the same manner, tissues from the marrow, which I inoculate to a second rabbit, and so on, up to a twentieth, and even to a sixtieth series. However, one can observe, as we are advancing, a progressive diminution in the period of incubation, so that, knowing the number of the series from which emanated the inoculated tissue, one

can determine beforehand, and with precision, the time at which the accidents will show themselves on the experimental subject.

Since November, 1882, I have obtained, from my experiments, a non-interrupted series of rabid rabbits, of which the last ones have produced material for inoculations, whose period of incubation does not last over seven days.

The rabic virus, obtained by the processes which I will describe, is always of perfect purity—always identical to itself.

The spinal marrow of the inoculated rabbits is virulent in all its course. I take from it shreds a few centimetres in length. I then suspend them in the dry air of a flask, in the bottom of which I have previously laid a bed of potash.

I have ascertained that, after a certain period, the virulence of the principle disappears, and that this disposition is hastened by low temperatures. The following is the mode I have used to render dogs proof against all inoculation of rabic virus, whatever its strength and quantity may be. It must be remembered that I have, at my disposal, a series of flasks containing dry air, in which are suspended rabic marrows of graduated ages, so that the most ancient are the less virulent, and the most recent excessively energetic.

Each day I introduce, under the dura-mater, the quantity of rabic marrow that can be contained in a Pravaz's syringe, beginning by the most ancient and terminating by a two days' old marrow. The dog has now become absolutely proof against the disease.

In fifty successive cases I have succeeded, without one single failure, in obtaining a most complete immunity. I then remained satisfied that it could, with success, be applied to the human subject, even in cases where the virus has been introduced into the system through the bites of rabid dogs previous to the treatment.

I had soon the occasion of testing my theory. A young Alsatian, Joseph Meister, presented himself at my laboratory, during the first days of July. He was afflicted with fourteen wounds, made by a dog duly recognized as suffering from rabies, and in whose stomach were found splinters of wood, straw and

hay. M. Vulpian saw the wounds. Death seemed inevitable. I then tried the method that I had applied to dogs, for the purpose of rendering them proof against the disease, although these had been bitten previous to the treatment by rabid dogs. The operation began sixty hours after the accident. The first inoculation (one half Pravaz's syringe) took place with a marrow, gathered on the 21st of June, that is, sixteen days old.

In the space of ten days, I performed thirteen inoculations with marrows gradually increased in virulence.

On the last day, July 16th, I used a marrow gathered the day before. At the same time I had a series of rabbits inoculated with the same marrows used on young Meister; and it was ascertained that the last ones used were more and more virulent. The last inoculation, which is excessively energetic, has, for an aim, not only to assure a perfect immunity, but to limit, in reducing to an interval of seven days, the period of incubation, if the disease was to triumph.

To-day, October 26th, over one hundred days since the last inoculation, Joseph Meister is in perfect health.

The sojourn of the marrows into the dry air flasks does not attenuate, as one would think, the virus, but it reduces it in quantity. In this manner one can, knowing that certain organisms of inferior grade seem to produce matters deleterious to itself, conceive and suppose that in the rabic virus there are two elements—a live one, and the other organic—and that the first exhausts itself slowly to the benefit of the other. That which must be especially noticed here is the short interval between the accident and the application of the remedy. This is, without doubt, a condition to the success.

I have, at the present time in my laboratory, another person in treatment. He is a young shepherd, named Jean Babtiste Jupille, who, seeing a rabid dog throw himself upon his companions, ran toward the animal. The dog, having seized his left hand, the young fellow had the courage and the presence of mind to open the animal's jaws with the free hand, to muzzle the brute with the lash of his whip, and, lastly, to break the dog's skull with his wooden shoe (sabot).

M. Vulpian, the illustrious "Savant" and practitioner, ex-Dean of the Faculty of Medicine, made in substance, the following answer:

"After what we have just heard, it is nothing but right but that a member of the medical section should highly express the admiration which we all feel. I do not hesitate to say that rabies—that horrible disease, against which everything has failed, up to this day—has, at last, a certain and true remedy. Thanks to the admirable labors of M. Pasteur, who, in the path, which he has followed, has no predecessor but himself.

"Now, the only thing to do is to institute the treatment in a practical manner. I do not doubt the success. The difficulties remaining are only of a material nature.

"This discovery—let us repeat—it is the crowning success and glory of M. Pasteur, and increases the scientific renown of France."

M. Pasteur, after having thanked M. Vulpian, gave a few indications as regards his ideas on the realization of the treatment. "We must have," said he, "an establishment where rabies will be continually maintained upon rabbits so as to produce and distribute marrows of all ages. Most probably the period of incubation can and will be reduced to six days. Each day, at all hours, we will be able to have marrows of a rigorously known virulent intensity.

"We must not forget, however, that while the period of incubation varies, the virus remains always the same; and I am satisfied soon this virus will be as easily distributed as cow-pox."



SELECTIONS.

METHODS OF DIAGNOSIS.

At a meeting of the New York State Medical Society, last February, my friend, Dr. Vander Veer, paid me a compliment of a most unusual kind, and for which no words of mine could possibly form an ample recognition. As I read the paper in which he described his visit to me, and what he saw while he stayed there, I had some difficulty in recognizing that the points upon which he laid great stress really deserved the prominence in which he had placed them. No one, however, can be a judge of his own work, and I, therefore, accept Dr. Vander Veer's valuation of mine in a spirit as generous, I trust, as that which he has displayed in describing it.

Many of the sentences in Dr. Vander Veer's paper have given me food for thought, and I think that in many respects I have to be grateful to him for improvements in my details, which have been suggested to me merely by seeing my methods described by one who was strange to them. One paragraph in particular has given rise to much introspection, and at first it alarmed me very much, because I felt that if the criticism were deserved (and this sentence really stands alone in the paper as being a criticism, in the ordinary sense of the word), I was in all probability, doing harm to my patients, and certainly was running the risk of setting a bad example to others whose opportunities were not so great, and whose condition of practice was not so peculiar as my own.

The paragraph I speak of is as follows: "Mr. Tait does not give very much time to the examination of his patients, as a general thing. His manner shows him to have unbounded confidence in making an abdominal section, then treating whatever he may find." I do not believe for a moment, after very careful thought upon the subject, that Dr. Vander Veer arrived at the conclusion that my method of diagnosis was careless and irregular. It is perfectly true that I have unbounded confidence in making an abdominal section, and by long practice

have achieved a facility for treating whatever may turn up. But I have satisfied myself that, though the time which I give for the purpose of examination of any particular patient, or of my patients in general, may be short; that that time is only relatively and not actually short, and I desire to say something about my methods of diagnosis in this paper, not merely for the purpose of defending myself from what would appear to be something like a charge of recklessness, but far more to speak, as well as I am able, upon the processes of diagnosis which are peculiar to the practitioner who is not engaged in clinical teaching.

I fancy that the difference must be very much that which would exist between the process of an artist who is also a teacher of drawing, and one laboring entirely in the studio. A teacher must not only be precise and methodical, but he must do everything largely by routine; and to show his pupils how to accomplish their work accurately, he must not only lay down line after line and wash upon wash, but he must teach and give examples at a level which will suit the least instructed and dullest of his pupils. It must, of course, be essentially different in the case of an artist who works purely in his studio, and solely for the purpose of producing, to the exclusion of anything like instruction. I have actually gone to the trouble of watching the technique of two painters—one of them a teacher, the other merely a producer—precisely for the purpose of investigating this point, and I am quite certain that what I have seen about them is equally true of artists in surgery.

It has been my misfortune never to have been a teacher, and therefore I have found, since my attention has been drawn to the matter by Dr. Vander Veer's paper, that I come to my conclusions in ways which are altogether different from those adopted by men who are engaged in the practical instruction of pupils. I was immensely struck with this during my recent visit to the Medical School at Edinburgh, where clinical teaching of medicine and surgery has been brought to its greatest perfection. There I found men who have been my life-long friends, men more or less of my own age, who are trained teachers as well as accomplished practitioners, differing

from me precisely in the directions which I have already indicated. There can be little doubt that the training of a teacher inculcates habits of precision and accuracy such as can be acquired in no other way. But, on the other hand, it involves methods of thought, and particularly methods of diagnosis, which, whatever else they may do, involve very protracted methods of reasoning, and a considerable expenditure of time.

I found that their methods were pretty much to my own in the same relation as the multiplication table stands to the arithmometer. They arrived at conclusions identical; but my own methods—some of which are practically inexplicable, because I hardly understand them myself—certainly involve a great saving of time and trouble. Let me instance the method of diagnosis which we call palpation. An abdomen is submitted for examination, uniformly distended, and the question comes to be, first of all, as to whether the distention is due to an intra or extra-peritoneal cause; as to whether this cause is a collection of fluid or the growth of solid matter; whether these causes may be mixed, and in what relation they stand to one another; what organs may be concerned in the treatment of the enlargement, and fifty other questions of more or less importance in deciding how the disease may be dealt with. A teacher approaches such a subject as this from an altogether different view, and in an altogether different way from those of a man who is engaged exclusively in practice. The teacher's desire is not only that he should arrive at a correct conclusion upon all the questions, or as many of them as are capable of solution, but that fifty or more young men, devoid of experience, may see the reasons and follow his reasoning upon all of these said questions. As these fifty men will move with progressively increasing slowness in their mental action, it practically comes to this, that the process of diagnosis on the part of clinical teachers can only be made at the rate possible for the dumbest pupils.

In the practice of the practitioner there is no such retarding influence, and his methods and his conclusions occupy just as much time as his mind would require to make them. An example of this difference I noticed in the case of a very eminent teacher, whose hands wandered over an abdomen, noting with

care, percussing uniformly and extensively, seeking everywhere and in all directions for fluctuation, and coming to his conclusions after an examination which occupied over fifteen minutes. He was not at the time engaged in teaching, because we were by ourselves, and he is not a man whose mental powers are by any means slower than my own; but the habit of teaching was on him, and my own conclusions, which were identical with his, were made in exactly one-fifteenth part of the time. From this experience, as well as some others of less note, I derived much comfort, because I felt that Dr. Vander Veer's statement was capable of very satisfactory qualification.

I need not say that, in addition to the absence of the retarding influence which teaching must exercise, another qualification of Dr. Vander Veer's views lies in the fact that my practice is restricted in area to an extent which has probably never before been attempted. Even the practice of ophthalmic surgery may be regarded as a much wider field than that which I occupy, for I limit my work absolutely to the surgery of the abdomen and pelvis, and into this there cannot be brought any of the diverting attractions such as are formed by the refraction cases among diseases of the eye. This restriction of area, coupled with the very large number of cases in my practice, gives me as much facility in the matter of diagnosis as has been accorded to me in the matter of treatment, if the evidence of Dr. Vander Veer, Dr. Dudley, and others is to be accepted as affording a fair criterion.

It is true about every human handicraft, that by restricting the area of production there is secured a much larger experience within that area, and the workmanship which results is very much better. This division of labor must lead to the same improvements and developments in surgery as it has done in everything else. I therefore have to plead that what seemed to Dr. Vander Veer, and I know has seemed to others, but a short and possibly incomplete system of diagnostic methods, is really, so far as results are concerned, quite as complete, if indeed it is not more so, than methods which seem to be far more elaborate and are certainly much slower. Let me give a few examples, such as I have been able to establish in my own belief

after much search, as to how a skilled workman may do with his fingers what the inexperienced may require special tools to enable him to accomplish. In the gynecology of twenty years ago, which was pretty much the period at which the great master of the art left it, there still remained a survival of the battles which waged for many years concerning the use of the speculum and the sound. The school of French gynecology was charged with an altogether improper, and indeed, as it was urged, a very indecent frequency in the use of the speculum. On the other hand, the English school, with Simpson at its head, was fully as often and as loudly charged with an improper use of the sound. The conclusion that I have come to concerning both of these instruments and both of these disputes, is, that both sides were right and both were wrong.

It is perfectly impossible for any novice in the diseases of women to obtain an accurate notion as to the condition of the vaginal mucous surface, of the os and cervix, and to some extent the interior of the uterine canal, without the constant, I would almost say the invariable, use of the speculum. It is also quite as impossible for that novice to form any notion as to the position of the fundus, or the relations of the uterus with the pelvic tumor, without the employment of the sound. But no practitioner of gynecology can possibly be regarded, at least by me, as an accomplished specialist who uses either one or the other of these instruments with great frequency. I have found in my own practice, that just as my experience increased so did both of them become unnecessary, until, concerning, the speculum, it is a fact that, unless I want to do some operation, or make some special investigation within or beyond the vaginal cavity, the speculum is never employed at all; and for the discovery of the position of the uterus and its relations, the sound has almost ceased to be an advantage.

It is perfectly impossible for me to convey by any kind of description how I can tell, by the touch, an inflamed vaginal mucous surface from one that is healthy; neither can I describe the feeling that the everted surface of the cervix gives to me which declares the condition of chronic endometritis. But I know that my educated finger-tips can make this distinction.

If, on the other hand, I discover a pelvic tumor, long practice enables me to tell with almost perfect certainty and without the use of the sound, that it is a retroverted fundus, or adherent tube or ovary, or by its fading away toward the broad ligament, on one aspect of the uterus or another, that it is an intraperitoneal hæmatocele; while the peculiar resistance of a myoma conveys to my mind an accurate impression which needs no probing of the uterus to substantiate. So a cyst reveals itself in a way I cannot communicate. As a result of all this I very rarely use the sound.

As a matter of fact, I have found that these two instruments, the speculum and the sound, as methods of diagnosis, have been productive of uniformly more harm than good. That a blennorrhagic discharge from the vagina of any patient requires the introduction of a speculum is one, I am fully persuaded, of the stock beliefs of the great bulk of general practitioners. But it is certain that nothing of the kind is requisite, and a very large amount of mischief, there can be no doubt, has been produced by this belief. It is not at all an unusual thing for me, on taking part in a consultation with the family physician concerning some such case, to be told by him that he very much regretted that he had not made an examination by the speculum. Others have told me that they made the said examination, and when asked what they saw, or what they did, the answers usually given are that they did nothing, they merely made the examination; that is to say, they passed the instrument, and with that proceeding were perfectly satisfied—evidently under the belief that the passage of the speculum was quite as much a curative agent as a method of diagnosis. Similarly with the sound. I heard many practitioners tell me of their experience with the sound, or rather their want of it, and I judged that they looked upon it as a sort of magical charm, the introduction of which into the uterus was to achieve unmeasured good. As a matter of fact, the sound is one of the most dangerous instruments which ever were invented for the treatment of human suffering, and in my own practice obtains hardly any kind of employment at all.

There is a story which is told against myself by some of my

colleagues, which I never hesitate to repeat, because it was the kind of accident which is liable to occur to any one, and fortunately the only one of its kind which ever happened to myself. It conveyed a lesson to me of which at the time I stood much in need, and for which I know thousands of my professional brethren may take warning with advantage. Many years ago I was asked by the surgeon of a large general hospital, with whom I was making a casual visit, to give him my opinion on the case of a young woman who had been in the hospital for some months, suffering from a pelvic tumor which seemed to threaten her life. She had hectic and was suffering and very ill. The tumor on one side of the pelvis was apparently quite fixed, and I give it as my opinion that it was a collection of matter, but in what position I could not say unless she would allow me to make use of the uterine sound, which unfortunately for myself, but fortunately for the patient, I had in my coat pocket. My friend told me I could do exactly what I thought proper. He had asked me for my opinion as a specialist, and he would not interfere with any steps I thought fit to take for the purpose of furnishing him with that opinion. I immediately proceeded to use the sound and came, quite erroneously, to the conclusion that the patient was suffering from a parametric abscess. The sound passed, as I thought, into an empty uterus, fixed toward the right side, the uterus being of the normal length. Within twenty-four hours the patient miscarried of a fourth month pregnancy, and this ended all her sufferings. She speedily recovered and left the hospital, cured in a way which nobody expected, and which certainly I did not intend. All such accidents have by no means so happy an ending as mine had, and their number is immense.

But few months pass without my hearing of a case in which some kind of mischief has not been done in this way. The misuse of these instruments, of course, is due very much to the way in which gynecology has been taught, or rather not taught, in the medical schools of Great Britain. It is, unfortunately, a subject which is extremely difficult to teach, and, therefore, has hardly been taught at all. In the first place, the classes are too large, and to teach individual students, one after another, is a

task which hardly any teacher would care to undertake, and certainly one to which very few of the patients in the clientele would be brought to submit.

One of the most important methods of diagnosis in abdominal disease, and the first to be considered in examining any case, is inspection; and concerning this method a very great deal of nonsense has been talked. For example, Sir Spencer Wells has told us that inspection will reveal the presence or absence of adhesions; but, in my own belief, and certainly from the experience of cases in which Sir Spencer Wells, himself, has made the diagnosis, there is no possibility of determining, by inspection, or any other method, the presence of adhesions anywhere, in the case of an abdominal tumor.

A careful examination, by the eye, of the contour of an abdomen, when the patient is lying on her back, with the walls of the abdomen perfectly flaccid, will reveal a good deal to the experienced practitioner. A completely and uniformly distended abdomen may mean that the patient is suffering from peritonitis, intestinal obstruction, ascitic effusion, a parovarian tumor, an ovarian tumor, a large myoma of the uterus, or pregnancy. The process of discriminating between these various conditions may very rapidly be completed by one who has been accustomed to dealing with them. Thus, peritonitis may be at once detected or eliminated by the presence or absence of the short and rapid pectoral breathing, which shows that the patient is loth to use her diaphragm. In fact, by this alone, and without almost any further inquiry, I have satisfied myself as to the nature of the case by a single glance. Ascitic effusion, on the other hand, is revealed at once by the absence of the pectoral breathing, by the greater flattening of the distention, by its tendency to assume a pyriform shape, the broadest diameter just above the pelvis, by the thickening of the walls due to anasarcaous effusion, and the presence of white lines in the skin of the flanks.

If the crest of the ilium sticks out under stretched skin, the diagnosis is again almost complete without further inquiry. If, on the other hand, these subsidiary features are absent, and there be a uniform and complete distention, two conditions widely distinct may be suspected. These are parovarian cyst and hy-

dramnios; and here, again, some very curious mistakes have come under my notice, some of which have had very ghastly results. Parovarian cysts after labor sometimes grow with astonishing rapidity. Hydramnios occurs always with twin pregnancies, and generally in unmarried women, who are, of course, disposed to conceal their unfortunate condition, and mere inspection, cannot be depended on to discriminate these cases. But inspection will help us very largely to detect pregnancy and myoma, for, in these cases, the distention is always greatest either at the middle of the tumor or at its upper part, differing in this way completely from ascitic distentions; and here one of the most important agents in the diagnosis of abdominal diseases, palpation, comes at once to our assistance, and to the skilled fingers it ought not to take more than a few seconds to discriminate between all and any of these conditions. The percussion note, which is uniform in a case of peritonitis, will easily determine the condition which is present. One or two delicate touches of the fingers of one hand, while the fingers of the other lie with the most gentle lightness on the other side of the abdomen, will determine the presence of fluid, and it is in this method of palpation where the fingers of the skilled practitioner at once become visible. The inexperienced hands press firmly upon the walls, and may be seen to move to and fro in an aimless fashion, as if they intended to rock a cradle. The gentlest and tenderest touch alone will reveal what is required. A few trials of the different diameters of the abdomen will teach in as many seconds the leading features which are present: First, that there is fluid; secondly, that it is, or is not, near the surface, being contained, or not so contained, within a thin-walled cyst; thirdly, it is one cavity or not; fourthly, the probable character which it presents. The wave, excited by gentle tapping, is retarded or urged on by the more or less gelatinous nature of the fluid. All these conclusions can be indicated with the utmost rapidity to the skilled fingers, and it is absolutely impossible to teach how this can be, save by the constant practice of the pupil. The parovarian cyst may be diagnosed entirely from one condition—that is, hydramnios; and partly by the thin walls, and partly by the presence of hydramnios, to which I have alluded, is very

easily detected. Ascitic fluid is revealed in the same way with the additional fact that here and there we get tympanitic percussion notes.

The large uterine myoma is defined by its firm sense of resistance, and its uniformly full and pseudo-fluctuation; also by the fact that it has a smaller diameter at the base than it has at the middle or upper part. Pregnancy, the rock ahead to inexperienced practitioners, can be infallibly revealed by palpation. First of all, there is fluctuation, due to the liquor amnii, and it can be easily detected, and this declares the cystic nature of the mass. If the hand be made to lie gently on the parietes for a few minutes, a rythmical contraction of the uterus, by which at one time it is hard as a cricket-ball, and, at another, soft as a cushion, will become perfectly apparent; and this is an infinitely more certain sign than the foetal heart, or the sound of the placental bruit. The foetal heart is a sound which may guide and sustain the practitioner in his conclusions, but it is so easily imitated by intestinal noises, and so difficult often to find, that it is not to be depended upon with perfect certainty. The placental souffle is probably more certain than the foetal sounds, but placental sounds are very often, in rapidly growing tumors of the uterus, so completely imitated that there is always a certain amount of doubt connected with them; but the relaxation and contraction of the uterus in pregnancy is a method of diagnosis which, when once made apparent, can never be mistaken for anything else.

In all these details, the rapidity with which the practitioner will come to his conclusions will depend, of course, in the first place, upon the average rapidity of all his mental acts; secondly, upon the greater or less frequency with which he is called upon to make examinations involving these details; and, thirdly, as I have pointed out, whether he be retarded in his purpose by the obligations upon him to teach others. I feel, in analyzing my own actions in this matter, that they become so habitual to me that I record my conclusions almost without considering in detail the steps by which I arrived at them, and, therefore, it is not with surprise I now see that my friend, Dr. Vander Veer, has had some kind of justification in his statement that "Apparently I gave but little time for the general examination of patients." But

perhaps, it is more in the examination of the pelvis, as I have already said, than in anything else, that this apparent rapidity becomes evident, and in striking contrast it stands out with the prolonged time employed for infrequent methods of examination, such as in the stethoscopic investigation of the abdominal walls for the finding of the foetal heart.

I have, as Dr. Vander Veer has quite truly said, an unbounded confidence in the performance of abdominal sections, and I have argued again and again for the extended frequency of exploratory incisions for the purpose of securing complete accuracy of diagnosis; but, and this must never be forgotten, only on the grounds that with the completion of the diagnosis in this way, there is, at the same time, opened out the only road for successful after-treatment. But I must ask that no one who has followed the course of my work, will dream for a moment, that I pass on the latest side in a difficulty of complete diagnosis to the early side of issue by its completion in the performance of a laparotomy. To those who are opposed to my views in this matter, of course, nothing is easier than to argue, by means of a charge of recklessness, against my new doctrine. But that such a charge is not to be justified, my results can very speedily determine. That a complete and satisfactory diagnosis can ever be made, save in the simplest condition of disease of the abdomen, without an exploratory incision, I have repeatedly denied. I have said over and over again, that the abdomen is a region of darkness, and the man who is most sure about his diagnosis is the man who will be most frequently in error. But this does not mean, nor has one word which I have ever written been intended to mean, that every method that is possible for a correct estimate of the nature of the disease should not be exhausted before the abdomen is opened, either for the purpose of diagnosis or treatment, or both combined. Unless this doctrine be most carefully observed; mistakes of the most ghastly and fatal kind will inevitably arise, and they will arise in two conditions clearly, from which, I am proud to say, my own practice is absolutely clear. The conditions of pregnancy are such as to make it perfectly certain that to the reckless operator they will yield an unfortunate harvest. Women who are pregnant when they ought not to be

so, persistently do their utmost to lead practitioners astray, and the reckless surgeon who opens the abdomen, without having carefully exhausted all methods of diagnosis before coming to the last resource, is certain to be led into the error of opening the abdomen to find a pregnancy in the uterus. This has never happened to me. There will also occur to the reckless surgeon, some time or other, that most mysterious and troublesome of all diseases for diagnostic purposes, to which I have already alluded, hydramnios, due to the over-secretion of the liquor amnii. Seven cases of this disease have passed through my hands, and have been accurately diagnosed in every instance and successfully treated, and I cannot imagine anything much more certain to be a trap for the rash and unwary than this most curious disease. The fact that every one of my cases has been recognized, and properly and successfully dealt with, is an evidence that what I am pleading for is correct.

If I may, in conclusion, take one more illustration to show how completely the results of daily practice, of what may be called rule of thumb, may triumph over the mere teaching of the schools, I would mention the much-discussed bimanual method of examination. I read recently a long rigamarole of nonsense by a German, who evolved from his superabundant inner consciousness, but not from clinical experience, the conclusion that no man could properly examine the pelvis in this way unless he had the patient on her back, turned in the lithotomy position, he being placed opposite the perineum. In the first place, English women would not submit to such brutality, and it is wholly unnecessary. The most complete and satisfactory examination of any woman's pelvis can be made while the patient lies quietly on her left side in bed, without the exposure of one square inch of her skin. Any man who requires more than this is either a pupil or a dullard.

So it is with such a special instrument as Sims' speculum. I have heard some of my American friends say that it is impossible to do any operation upon the vagina satisfactorily without it. All I can say is that I have now cured some three hundred cases of vesico-vaginal and recto-vaginal fistulæ, never having failed in any case, nor having ever refused one, and I habitually pass the

sutures with my finger tips, wholly unaided by speculum of any kind.

This may seem all very boastful to many, but my dear friend, Dr. Vander Veer, has drawn me into it. It may also seem incredible, but it is all true, and can be testified to by many men whose names are household words in the great land west of the Atlantic.—*Lawson Tait, F. R. C. S., in the Medical Record.*

EPISTAXIS AND ITS TREATMENT.

Among the diseases calling for surgical treatment, which are likely to come to the care of the physician, epistaxis, or bleeding from the nose, is one of the most common, and so frequently does it demand prompt and skillful treatment, that it becomes the physician to be well informed as to the various means and methods employed for its relief, as well as to its various forms, its etiology and pathology. It may be of traumatic origin, or it may occur spontaneously, but it is to the latter form that the writer wishes to call attention.

The etiology of epistaxis is varied, and a correct understanding of it has much to do with its successful treatment. The anatomical arrangement of the mucous membrane lining the inferior turbinated bones, and the rich vascular supply of the nasal mucous membrane generally, render it peculiarly liable to spontaneous hemorrhage. Inflammation of the Schneiderian membrane from any cause, whether occurring as an independent affection, or as an accompaniment of the exanthemata, and anything giving rise to hyperæmia of the blood vessels supplying that tissue, predispose to nasal hemorrhage. So also the presence of the hemorrhagic diathesis renders its subjects far more liable to "nose-bleed," and greatly increases the difficulty of its cure, while when it occurs as one feature of purpura hemorrhagica the prognosis is very grave.

Several years since, there came under my care a youth of 17 years, who had been robust in health, except as his mother said, he had been having for several weeks occasional diarrhoeal attacks that were painless, but often contained considerable blood. He had been bleeding frequently from the nose for several days

before I first saw him, but showed but little pallor. I at once instituted an energetic, constitutional and local treatment, and at last resorted to transfusion of blood, the operation being skillfully performed by my friend Dr. G. H. Merckell, but without any beneficial results, the patient dying on the fifth day of treatment. Some thirty hours previous to his death a very extensive eruption of purpura hemorrhagica appeared on the body and limbs. Probably a like condition had existed on the mucous surfaces of the intestines and nasal passages, sometime previous to the external manifestation. Hæmophilic subjects are also especially liable to epistaxis, the oral and nasal cavities being the most common surfaces from which the hemorrhages occur in this disease. Some persons have nose-bleed habitually, and this is especially noticeable at certain periods of life, as that of puberty in the male. That there is an hereditary tendency to the disease in many families seems unquestionable. Zeimssen, Vol. IV., p. 154, gives an account of an epidemic of the disease in the year 1200. It has long been claimed that epistaxis may take on a vicarious action, particularly of the menstrual flow.

A lady who has been a patient of mine for several years, ceased to menstruate at her 29th year; four months after, she miscarried, and suffered for a year or more with "uterine disease," as she states it. She has not menstruated since then, nearly twelve years; but for about three years, beginning some four years since, she had almost every four weeks a nasal hemorrhage to a greater or less extent. On these occasions plugging the nasal cavities has been required to check the bleeding. For more than a year past, she has not had any hemorrhage. That this hemorrhage may have been vicarious of the menstrual flow is possible. The manner in which tumors pressing on blood-vessels of the neck, nasal polypi, certain diseases of the heart, liver and spleen may be the cause of epistaxis, must be evident to every intelligent physician.

The prognosis is generally favorable in epistaxis, but it is fatal frequently enough to excite anxiety when it is continued long in spite of judicious treatment, and should make the attendant guarded in promises to friends, and watchful in the treatment of the disease. Although the diagnosis of epistaxis is

readily made as a rule, it is quite possible for errors to occur. If hemorrhage arises in the naso-pharyngeal regions the blood may be swallowed or expelled from the mouth, and its origin mistaken. Blood may find its exit from the nose that had its rise in the throat, lungs or stomach. In the first case, if the hemorrhage continues, the blood will be seen flowing down into the throat; if it has ceased, coagula will generally be found adhering to the walls of the pharynx. Like conditions will be looked for if the hemorrhage be from the throat. If the hemorrhage be from the lung, auscultation will reveal the fact by the moist rales that it will give rise to. Hæmatemesis need not lead to error, unless it occur from swallowed blood, leaving no adherent coagula in the pharynx, when the general history of the case must be considered in making up the differential diagnosis. When blood flows both from the external ear and the nasal outlet, it is probable that the lesion is in the ear. In the treatment of epistaxis, the first indication is to check the hemorrhage, whatever its origin. This fulfilled, if the disease depends on constitutional causes, either exciting or predisposing, such hygienic and therapeutic means should be adopted as will prevent its recurrence. To check the hemorrhage, the erect posture of the body should be assumed, if possible. If a polypus causes the nasal flow, it should be removed. If the heart's action be violent, a full dose of *veratrum viride*, or *digitalis* should be administered. Pressure on the *alæ nasi*, firm and continuous, has served me admirably in several cases; a compress of iced water or hot water applied to the nape of the neck and to the nose, in some attacks, is serviceable. The application of tannin to the nares by means of a tube or what is the best instrument of all, the bellows used for diffusing the insect powder by domestics. The impalpable powder of the *pinus canadensis* applied as above, has proved superior to all other astringents in my hands. If the nasal cavity must be plugged, make a firm conical pledget of carbolized cotton, tying a string about the apex of the cone, winding it a few times toward the base. Thoroughly cover this with one of the astringents before suggested, and, grasping it with a pair of forceps, press the apex into the nostril, letting the string remain outside, to aid in withdrawing the plug when necessary. Should the

hemorrhage come from the posterior nares, plugging may be demanded in that region. The plug should be made of carbolized cotton, and medicated like those used in the anterior nares. It should not be too large, as it would then produce undue pressure, and render deglutition difficult. On the other hand, if too small, it will fail of its purpose, and be pulled through the nasal canal in the effort to adjust it to the posterior nares. The plug may be introduced by carrying a strong string through the canal of a Jacque's catheter, then moving the catheter through the nasal canal, introducing it at the anterior nares. As it descends into the pharynx the catheter should be seized with forceps and drawn out of the mouth; tying the string enclosed in the catheter to the plug of cotton, the catheter and string are drawn back through the nasal canal, fixing the plug in closing up the posterior nares. The catheter is then removed, and the string fixed tightly to the face by adhesive plaster. This should be securely done; or, otherwise, it might be possible that the plug should fall back upon the larynx and produce suffocation.

The plug may remain from 24 to 48 hours, but not longer, lest septicæmia should supervene. The removal of the plug is not always an easy matter. The use of a nasal syringe charged with sweet oil and gently thrown into the anterior nares, may be required to soften the plug, and then gentle pressure may be made with a catheter. Care must be taken that the plug does not fall backward into the throat and produce either strangulation or violent coughing. A gentle washing of the nasal canal with a weak solution of permanganate of potassa in warm water, is always advisable after the removal of the plug. In several instances I have used Boloeq's canula for plugging the posterior nares, and I regard it as one of the most perfectly adapted instruments to the purpose for which it is designed that I have ever seen, and the physician or surgeon can hardly afford to be without one when occasion occurs for its use.

Constitutional treatment is not to be lost sight of during an attack of epistaxis. Ergotine hypodermatically, sometimes proves very efficient, and if successful, is vastly easier and more pleasant to the patient and attendant than plugging. Gallic acid also serves a curative purpose in two or three grain doses

in some cases; so also the preparations of *Mangifera indica*, especially that prepared by Lloyd Bros., which I regard as superior to any other on the market for any purposes for which I have used that remedy. Monsel's styptic and some other preparations of iron have also been used both externally and by stomach to check nasal hemorrhage with varying success.

Whenever great nervousness exists, quiet of body and mind must be obtained, and, as a rule, no other remedy will surpass the sulphate of codeia for that purpose. Should there be great exhaustion from loss of blood, transfusion is to be resorted to when it is practicable. The after treatment, and the prophylactic treatment of those who have had and are predisposed to epistaxis should be according to the conditions existing in the individual cases; usually they require the ferruginous or bitter tonics, sometimes both, a nutritious but unirritating diet, and careful attention to the functions of the digestive and excretory organs. If there be heart lesions, especial attention should be given to them—*C. E. Miles, M. D., Mass. Med. Journal.*

CONVERSION OF EXTRAUTERINE INTO INTRAUTERINE PREGNANCY BY FARADIZATION.

A curious case is reported by Dr. Garrigues in the *Philadelphia Medical News* for December 12. As an introduction the author reviews the use of electricity in extrauterine pregnancy, and asserts that in this country it is now the recognized treatment, and that its results are far more encouraging than any other therapeutic method.

The conversion of an extrauterine pregnancy into an intrauterine by means of electricity, although very rare is not unheard of, a case of the kind occurring in the hands of Drs. Thomas, Emmet and McBurney. Dr. Garrigues' patient was twenty years old and pregnant for the third time. The first labor was followed by diphtheritic inflammation of the womb and vagina.

At the end of the second month of pregnancy the patient presented herself, complaining of pain in the right iliac fossa. The uterus then presented at its right upper angle a swelling with ill-defined limits and very tender. The pain and swelling increased

steadily, and two months later she was seized with symptoms of threatened abortion. A sound was now introduced into the uterus, and the cavity found to be empty, and to measure three and a half inches. The diagnosis of extrauterine pregnancy being now considered established, faradization was applied, the negative pole being introduced into the vagina and the positive placed over the abdomen. This was continued daily for two weeks; the uterus, which had been enlarged almost entirely to the right of the median line as felt through the abdomen, gradually became symmetrical, the pains ceased and the tenderness on pressure disappeared. At the end of the eighth month a child was born in the natural way. The child was alive at its birth, but died after a few hours.

Dr. Garrigues advances the theory that the opening from the right tube into the uterus was so nearly closed, that the impregnated ovum was arrested just before it reached the uterus. The pregnancy thus became interstitial, the ovum developing close to the inner wall of the uterus. The survival of the foetus after so many applications of electricity is explained by the fact that on account of the extreme nervousness and sensitiveness of the patient, only a very weak current of electricity could be used. The labor pains and the electricity together probably caused a rupture of the partition between the ovum and the uterine cavity.—*Northwestern Lancet*.

OIL OF YELLOW SANDAL WOOD IN THE TREATMENT OF GONORRHOEA AND ITS COMPLICATIONS.

It is quite well-known that sandal oil and other substances of that nature are supposed to exert a beneficial influence upon gonorrhœa. It has been supposed that when taken into the system it becomes excreted by the kidneys in some altered form, and being mixed with urine comes in contact with the mucous membrane of the urethra and exercises a healing influence over the inflamed tissues. This view was held by Ricord, and, so far as we know, has not been disputed until the present time. In a recent article in the *Annals of Surgery* (Nov. 1, 1885) Dr. Robert Wharry, of London, combats this theory and offers as a

substitute a new explanation of the influence of copaiba and sandal wood upon the inflamed urethral mucous membrane. He believes that the influence of these drugs acts in two directions, first while circulating in the capillaries of the urethral mucous membrane and, second, while passing with the urine. It seems to us that the mode of action—which is altogether problematical—is of less importance than the clinical facts which Dr. Wharry offers to show the beneficial influence of oil of sandal wood in cases of gonorrhœa complicated with epididymitis and rheumatism. He brings forward a series of cases to prove that this drug has a prompt action in relieving swollen testicle and gonorrhœal rheumatism after other drugs have been tried and found wanting.

Indeed, Dr. Wharry's results are so satisfactory that one might be induced to believe that the oil of sandal wood is a specific for all forms of gonorrhœal troubles. His suggestions are entitled to consideration, for whilst the remedy is not altogether a new one for this affection, so striking a confirmation of its clinical value should encourage its more frequent employment. We see one practical drawback to its general use in the high cost of the drug, but it may be an economy in the long run if it has the specific value claimed for it.—*Maryland Medical Journal*.

RADICAL OPERATION FOR HYDROCELE.

In No. 43 of the current year of the *Central blatt fuer Chirurgie*, is to be found a discussion of the considerations that speak for and against the treatment of hydrocele by incision. Koenig, of Goettingen, writes unreservedly, that he is of the opinion that puncture of the sac and injection is the normal operation for the general sum of cases and in general routine of practice. Numerous cases of treatment by this method prompt Koenig to state, that no serious inconvenience should follow, and not more than a week of cessation from work is requisite after the procedure. He believes that suppuration and sloughing should not be set down as a fault of the method, but of the operator. Most scrupulous cleanliness should be exercised, and the manipulations done with deftness and care.

The objection that returns of the accumulation ensue, is true, but a second puncture and injection usually suffice to make the cure a permanent one.

Koenig admits that the methods by incision and drainage are of a positive result and safe when done strictly under the anti-septic conditions. But in general practice the imperfections and necessary shortcomings in the latter respect, make the radical operation a grave undertaking.

These remarks were elicited by the publication in No. 14 of the *Berliner Klinische Wochenschrift*, of a modification of Volkmann's method. It appears that after this operation, which consists in splitting open the sac, drainage and suture, that an imperfect agglutination of the several layers of the tunics of the testicle and spermatic cord may follow; thus, the tunical cavity is not completely obliterated, and reaccumulation of fluid may take place in the open space.

To obviate this failure at conclusion, Bergmann incises the sac, and then dissects the parietal layer of the tunica vaginalis off from the tunica communis and the spermatic cord down to the testicle and epididymis and cuts it out entirely. In twenty cases so dealt with the dissection with the handle of the scalpel was easily accomplished. Suture of the skin and drainage end the operation, which lasted a half hour on the average, including narcosis and dressing.

The convalescence was perfect and rapid. The drainage tube is removed at the first change of dressing, 24-48 hours after the operation; the sutures are taken out on the fifth or sixth day, and a simple suspensory dressing then applied. After ten or twelve days the patients were enabled to go back to work.

A COLORLESS SOLUTION OF HYDRASTIS, ITS USES, ETC.

The great value of many of our indigenous, and other medicines, is not sufficiently utilized, because of some disagreeable quality. *Hamamelis*, so useful and indispensable in venous engorgements, varicosis, varicose ulcers, and external hæmorrhages, also in some uterine and vaginal diseases, was for a long

time neglected on account of the unsightly and almost indelible stain of the clothing which attended its use. The use of distilled Hamamelis does away with this objection.

Hydrastis is another drug which has been particularly objectionable on account of the vivid yellow color. Patients, particularly women, very strongly object to its use. Unless carefully manipulated, the color which it gives to underclothing, napkins, etc., becomes indelible; so there is an economical objection, as well as others.

Hydrastis owes its yellow color to the *Berberine* which it contains. But this alkaloid is not the most important constituent of the drug. There are other principles, which are of greater value. Besides, there is a therapeutical objection to berberine when we desire to get sedative effects upon irritated or congested mucous surfaces, for berberine is rather an irritant than a sedative to these tissues. Even the tonic power of berberine falls before the other alkaloid *Hydrastine*, which is found in *Hydrastis*. The discovery of this alkaloid marked a new era in the history of this medicine. In it resides nearly all the peculiar and unique qualities of *Hydrastis*, or that principle which distinguishes it from *Berberis vulgaris*, and all other plants which contain *Berberine*. As a pure, unirritating tonic, in medicinal doses, it has no superior in the vegetable kingdom. As a curative agent to many of the most obstinate diseases of mucous surface, it ranks with *Calendula*, *Copaiva*, *Cubebs*, and *Eucalyptus*. But one of the great advantages of *Hydrastine* is its *colorlessness*. When pure, it is in the form of snowywhite crystals. But in this form it is quite insoluble in water, and its salts have to be used as external or topical applications.

But to the chemical skill of the Lloyd Bros., of Cincinnati, O., we owe a preparation which will doubtless supersede all others. It is a colorless solution of all the active principles of *Hydrastis* except *Berberine*. It has been known to analytical chemists for several years that there are one or two other principles in *Hydrastis*. There is one which gives an opalescent color to water, and another, perhaps anæsthetic, cocaine, but they have never been isolated. These unnamed principles with the *Hydrastine*, are all incorporated in Lloyd's Colorless *Hydrastis*.

I was one of the first to whom they sent this preparation, nearly a year ago, and I have since used it quite extensively in mucous diseases.

As my personal experience may be of interest, I will append a few of its uses.

Internally, this preparation has altogether superseded, in my practice, the Tinc. Hydrastis and its dilutions in the following disorders--namely: *Dyspepsia with irritable stomach; acute and chronic gastric catarrh; gastro-intestinal catarrh, especially in children.* This power will make it specially indicated in gastro-intestinal irritation, and catarrhs, when reflex disturbances are common. There is a particular variety of gastric irritation, characterized by painful digestion; distress after eating; slow digestion of food in the stomach, with formation of gases, and fermentation; vomiting of food, or ingesta, mixed with mucus, etc. Colorless Hydrastis will often cure this disorder, unaided (10 or 15 drops before meals.) But in many cases I have had brilliant results from the following mixture, when either alone, failed.

R.	Lloyd's Hydrastis,	-	3i.
	Bismuth sub. nit.	- -	3i.
	Pure Pepsin (non sacchar.)	-	3i.
	Aqua dist.	- - - -	3iii.

Mix.

Of this, give a teaspoonful before meals, and in bad cases, another one hour after.

The usual dose of Colorless Hydrastis is 5 to 15 drops in water every three or four hours; or one teaspoonful in half a glass of water, a spoonful as often as indicated.

Topically, I use this solution in apthous sore mouth; catarrhal pharyngitis and bronchitis (in the two latter, in the form of a spray.)

In vaginal catarrh (leucorrhœa) it is admirable as an injection. After washing out the vagina with a weak, hot, saline solution, inject the following: One teaspoonful Lloyd's Hydrastis to four or five ounces of water. In cervical or intra-uterine catarrh, it should be applied pure, on a probe wrapped with absorbent cotton, if the cervix is sufficiently open. If not, inject it through

Battle's Syringe which carries from ten to thirty drops. A cotton tampon saturated with this solution. one-half water, is a very efficient method of applying it. In chronic gonorrhœa, gleet, catarrh of the bladder, rectal catarrh, catarrhal conjunctivitis, catarrhal otorrhœa, nasal catarrh, and even some forms of eczema, and other irritable cutaneous diseases, its use is attended by the best results.—*E. M. Hale, M. D., in Medical Era.*

CURE OF ARTIFICIAL ANUS.

The medical man who has had an artificial anus—fecal fistula—to manage, is aware of the persistency of the disease. The difficulty may follow a wound of the intestine, but it more frequently succeeds strangulated hernia. The first case I undertook to treat was in a man who had endured an artificial anus in the left groin for twelve years. I made an incision over the course of the inguinal canal, and found the fistulous track all the way, the aperture beginning near the internal abdominal ring. I freshened the walls of the channel, and drew the borders of the chasm together with sutures. At first I thought I had performed a marvelous cure, for the feces passed the anus for a week, but all at once gas and fluids poured out of the old gateway, and the patient was no better off than before.

My next case was in a woman who had sustained a fecal fistula after strangulated hernia at the femoral canal. The false aperture was not large, yet sufficiently so to let pass more or less feculence every day. The patient loathed her situation, and begged me to either cure or kill her. Having no faith in cutting upon the old seat of stricture in the triangle of Scarpa, I opened the abdominal cavity just above and on a line parallel with Poupart's ligament; and there traced the knuckle of intestine *to* and *from* the false aperture between Gimbernath's ligament and the femoral vein. On account of inflammatory exudations it was not easy to understand the exact situation of affairs. My object was to detach the fistulous and hernied intestine from adhesions, and close the aperture in the gut; and while cleaving adhered parts with my finger I at length *severed* the entering end of intestine! This accident startled me, and, for the moment, led

me to believe I had done the woman an irreparable harm. After collecting my thoughts, I contemplated attaching the free end of the intestine to the edges of the inguinal wound, and so transfer the artificial anus to a point above Poupart's ligament, where I conjectured a truss pad might be made to retain the feces until a sense of fullness forced an evacuation. I speculated upon the contemplated improvement for some minutes, then felt for the other end of the severed intestinal tube. It was quite small at the attachment to Gimbernath's ligament, but as large as ever two inches from the abnormal adhesion. I then thought of grafting the upper and severed end to the edges of an incision I might make in the lower segment. This plan seemed feasible, and I began to prepare for its execution. It then occurred to me that I should cut the lower piece of the gut across with scissors, and stitch it to a square cut across the upper and severed bowel. I operated thus on the spur of the moment, adjusting the incised surfaces with care, and joining them with the continuous suture, sewing over and over as I would join a dissevered glove finger, though the procedure was tedious and difficult. The sutured spot was laid near the old fecal fistula, that there might be ready escape of feculence in the event that the seam burst at any point. The patient was allowed a pint of milk a day for two weeks. Then it was deemed that a firm union in the severed and sutured gut had occurred. There were small fecal evacuations every three or four days, *per anum*. The wound in the abdominal walls healed without an accident, and the old fecal fistula disappeared.

I may remark that I was so solicitous about the sutured joining that I kept open the wound in the belly as long as I well could. I expected an unpleasant complication, and was most happily surprised when I found nothing to excite alarm. The operation was performed eighteen years ago upon a woman who, two years afterwards, became violently insane on account of ill treatment on the part of her husband; and at length she died in Longview Asylum. She passed from under my observation; and had been dead a year before I heard of the event.

Another case of fecal fistula from hernial strangulation at the femoral ring in a woman living at Monticello, Ill., came under

my treatment and subsequent advice. After cutting through the skin to relieve the strangulation, pent up fecal gases and fluids burst through the areolar tissues, and spurted to the distance of several feet. With my forefinger I tore the sharp edge of Gimbernat's ligament, and thus overcame the strangulating medium. The hernial sac was then opened by snips made with scissors and its cavity cleansed with antiseptic spongings. The gangrenous slough in the parieties of intestine was hardly large enough to admit the end of a finger, but the protruding knuckle was of a dusky hue that betokened greater loss of structure. The hernial mass was permitted to remain where it was, for it was in an unfit condition to be returned to the abdominal cavity. Indeed the inflammatory exudations had undoubtedly fastened the hernial sac in its protruded position.

While executing the various manipulations, gushes of offensive flatulence escaped through the aperture in the gut. The operative part of the procedure having been completed, a soft wad of lint wetted in an antiseptic liquid, was pressed into the wound, a compress applied, and a bandage bound the dressing in place. Twice a day the binder was untied, and the compress and wad removed and renewed. Quite large quantities of feculence escaped at each renewal of the dressing; yet from week to week less came through the aperture, and a larger and larger proportion went through the anal outlet. In less than three months from the time of the strangulation the woman was as well as ever, and has remained thus without a particle of inconvenience from an accident which came near making her disgustingly miserable for the remainder of her life.

Although I have reported this case before, I venture to repeat it in connection with "Cure of Artificial Anus," to show that a recent case of fecal fistula, if not very large, may heal under treatment, and without the operation of freshening edges and joining them with sutures.

If the sloughing aperture had been large, the result would have been quite different, for the passage of most of the feces would have arrested the healing processes. However, I would not advise cutting into the abdominal cavity at once to resect and join the ends of the bowel with sutures, but wait a few

weeks or months to ascertain what the recuperative powers of the body might do.

If I were now to attempt to cure a fecal fistula by resecting a segment of the disorganized intestine, I should employ a gelatin capsule—one of Anderson's vaginal capsules—to distend the gut while inserting the sutures. The capsule would dissolve in a short time and disappear. It is well to disturb the mesenteric attachment as little as possible. There would be some danger from peritonitis, but not enough to be a reason why the operation should not be undertaken with confidence.—*A. J. Howe, M. D., in Eclectic Medical Journal.*

MAGNESIA PHOS. IN WHOOPING COUGH.

We are having an epidemic of whooping cough this winter, and as I have found the epidemic remedy, as it acts like a charm. Will report for the benefit of the profession—will relate one case:

Mrs. W. came running almost out of breath, stating she desired me to see her grandchild, which was dying. I hastened to the scene and found a child four months old in convulsions, and appeared dying. The parents and sympathizing neighbors were in tears, watching, what they considered, the death struggle. I consoled them with the old adage—"as long as there is life there is hope," and seizing a glass filled it about half full of water, and, calling for a teaspoon, I dissolved about four grains of magnesia phos. 3x in the water and immediately administered a teaspoonful, repeating the dose in ten minutes; at this time the child had improved, and in twenty minutes the spasms had entirely ceased.

Parents gave the following history: Child had been coughing for a month or more, gradually growing worse and more spasmodic, turning blue in the face. Varicella had now set in, and the child was covered with vesicles, never saw a worse case; child had been irritable and restless. An Allopath was called, who prescribed some cough mixture, which did no good. Child

was constantly getting worse; had not slept any for four days and nights, then going into convulsions when I was called.

After several doses were given there were no more coughing spells of any importance. I ordered a warm alkaline bath, after which it fell asleep, and slept so good that the parents were alarmed, fearing it would sleep itself to death. I assured them there was no danger, that sleep was nature's sweet restorer; that, as the child had not slept for four days and nights, sleep was just what it wanted.

The medicine was kept on hand, and whenever the child coughed a dose was given it, which gave immediate relief.

Have used this remedy in spasms, convulsions of children, and it has acted like a charm. No longer do I carry bromides in my pocket case when this simple, pleasant remedy, in the third decimal trituration, will cure in one half the time.

This is one of Dr. Schuessler's tissue remedies; is one of the earthy constituents of muscle and nerves. A disturbance of its molecular motion causes cramps and pains. As a nerve remedy it has furnished excellent results. Cures cramps, tetanus, St. Vitus dance, epilepsy, spasmodic ischuria, etc. The specific indications for pains are: Pain of a shooting character like lightning, or sensation of drawing tightly together. They change their position and are relieved by warmth and pressure. Observing these indications you will find it valuable in neuralgia, rheumatism, headache, toothache, epigastric pains, colic of infants, angina pectoris and spasmodic coughs. And, if you will try it in spasmodic labor pains, crampy expulsive efforts with cramps in the legs, you will agree with me that it is a valuable addition to specific medication.—*Y. S. Troyer, M. D., in Eclectic Medical Journal.*

ŒNANTHE CROCATA.

In the December number of the JOURNAL, I read an article on the above drug, from the pen of Dr. E. R. Waterhouse, to which I wish to add my mite of testimony.

I, like most physicians of this locality with whom I have spoken on the subject of epilepsy, find but poor encouragement

in the treatment of this most obstinate of diseases, by using the bromides, which I find only give temporary relief.

About March, 1885, I received a letter from Dr. Waterhouse, in which he mentioned the use of *Ceanotha Crocata* or Water Hemlock, in the treatment of epilepsy. I, like a drowning man, was ready to catch at a straw, for I, at that time, had on my hands three cases of that treacherous disease, which were giving me no end of vexation of spirit, and withal threatening my reputation professionally in as many first-class families.

I at once began, through my druggist, trying to procure the medicine, which, after several failures, we succeeded in getting from the Homœopathic Pharmacy of Humphrey & Co., New York, in the form of a "mother tincture." I medicated pellets number 35, and directed my worst case to take two pellets every four hours, the spasms, which seemed to involve every flexor of the body, and which were in rapid succession, ceased immediately with the beginning of administration of the remedy, and from that time (June 1st) to this, there has not been the least sign of an epileptic seizure. The patient still takes the "little pills" twice daily. I will mention one circumstance in connection with the remedy in this case that may point to its mode of action. The patient was a young lady of rather slender build. About one week after she had begun taking two of the pellets every four hours, she complained of a headache, and full feeling in the head, resembling the headache from glonoine. I at once ordered one pellet every four hours instead of two, and the headache disappeared in a few days, when I again increased the dose, resulting in a reappearance of the same symptoms, and I was compelled to again reduce the dose. I am of the opinion that the drug causes a determination of blood to the nerve centers, thereby overcoming the anæmia on which I believe epilepsy depends.

I have used the drug in two other cases beside the one just described, with like results. One of the cases has been a confirmed epileptic for nine years, and has become almost an idiot; the spasms have ceased, and he seems to be in a fair way to recover. I am now using it on a pauper at our county farm, who

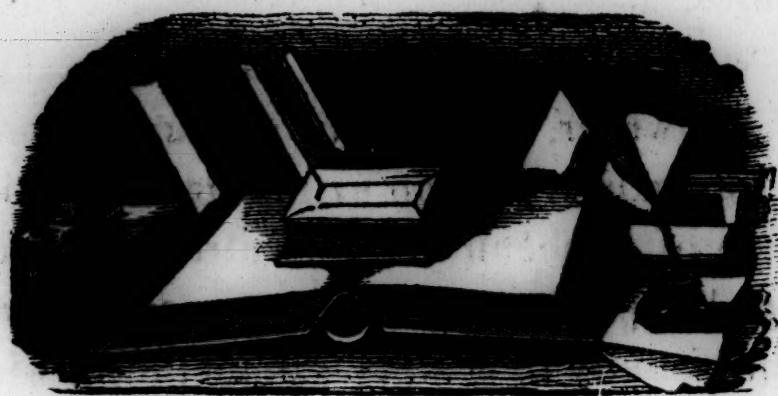
has been an epileptic for thirty years, and has been in the insane asylum on two different occasions, and each time has been sent back to the county as an incurable. I have been treating him but a short time, and the prospect for a cure looks very favorable. If any of the readers of the JOURNAL have a bad case of epilepsy, get the medicine and try it! It *must* be given in *very small* doses.—*H. L. Henderson, M. D., in the Eclectic Med. Jour.*

A NEW TREATMENT FOR GOITRE.

The new treatment used by Dr. A. Weiss (*Berlin klin. Wochenschrift*, No. 2, 1885) is the application of heated points to the surface of the tumor. By means of a Paquelin apparatus with a pointed iron, he makes punctures about one centimetre apart, the iron being at a white heat. The burns result in little scabs of one to three millimetres, which fall off in a few days, leaving behind them cicatrices which are first red and then white. If the iron is at a white heat there is but little pain produced, and the consecutive treatment consists simply in covering the wound with a layer of wadding. The operation is repeated every six or eight days until the disappearance of the goitre, which requires, according to circumstances, from six to twelve applications. At the same time a little iodide of potassium is given, but this is not essential. This treatment is particularly beneficial in endemic parenchymatous goitre; in cystic goitre it is not so much so. Sometimes during treatment the goitre ceases to diminish; he then applies, immediately after the operation, a layer of vaseline over the burns; in this way suppuration is set up under the scabs, which hastens the cure. In explaining the curative action, Dr. Weiss considers that the heated points provoke an excitation of the terminal nerve filaments which causes a contraction of the muscular coat of the vessels, resulting in an arrest of nutrition and atrophy of the hypertrophied glandular substance. In one case where the goitre was so covered by a network of large vessels that Prof. Luke could not administer an injection of iodine or arsenic, Weiss observed, after four or five applications of the heated points, a diminution

in the calibre of these same vessels, which became normal. In this same case he applied the heated points to a greatly dilated vein in the axilla, and the next day noted a diminution in its volume. He is inclined to use this treatment in other affections; as catarrh, affection of the pleura. In one case of laryngo-tracheal catarrh, an absolute extinction of the voice of several days' standing was completely restored by one application of the heated points.—*American Medical Journal*.





EDITORIAL.

A Diploma Mill in San Francisco.—We are in receipt of information to the effect that a diploma mill has recently been organized in the city of San Francisco, through which diplomas are issued for a trifle and to non-attendants. The concern is duly chartered under the imposing name of "The College of Physicians and Surgeons of California."

The leading spirits in this enterprise consist of two advertising quacks who are said to lack even the rudiments of a medical education and whose practises are said to be questionable in character.

The San Francisco dailies have ventilated the affair pretty thoroughly and it is not probable that it will do much at home, but its agents abroad may be able to dispose of more or less of its fraudulent parchments.

The diplomas will be worthless where medical practice comes under legal scrutiny, but in other places they may pass for the genuine article. In California one of them would not be worth the paper it was printed on.

Ashton Needle and Silver Wire in Perineorrhaphy.—In an interesting and instructive article describing a gynecological outfit by A. J. Howe, M. D., in the February number of the *Eclectic Medical Journal* the following paragraph occurs:

The operative gynecologist must have instruments for special operations. He can not close a ruptured perinæum without properly constructed scissors for freshening cicatricial surfaces,

an Ashton needle, and suitably sized silver wire for deep and superficial sutures.

Prof. Howe's experience in such operations very largely discounts that of the writer, yet it seems as though some one ought to enter a protest against such an extravagant assertion.

The operation of freshening the cicatricial surfaces of a rent perinæum may be performed very successfully with a sharp pointed straight bistoury or scalpel. Sometimes, without doubt, scissors may aid the operator, but they may be dispensed with entirely without danger of a failure. With the forefinger of the left hand in the anus, the tissues are transfixed with the knife held in the right hand so that the point enters at the lower edge of the cicatrix and emerges from the posterior vaginal wall above its upper margin. The edge of the knife is then turned upward brought through the overlying tissue and the cicatrix dissected off toward either side. In complete laceration where the sphincter ani is involved, scissors would become important auxiliaries though even then they might be dispensed with.

An Ashton needle is an abomination. The curve is so short that the instrument will only suffice where each suture is fastened as soon as inserted, and the chasm thus continually kept in narrow bounds. If the gap be wide, the strain necessary to carry the point to the proper place of exit is liable to break the shaft or some other portion of the instrument. A much better carrier of the sutures is a long curved needle which will enable the operator to introduce all the sutures before tying or fastening any of them. This does away with the possibility of any of the sutures being uncovered in the chasm, and it is important to success that these be imbedded in the tissues perfectly.

The silver wire sutures cause much more pain, and are attended by a greater amount of suppuration than those of iron dyed silk.

We believe that no one employing the iron-dyed silk suture in this operation will ever again have recourse to silver wire.

An Equine Anomaly.—A mare is now on exhibition in this city in which one of Nature's freaks is manifested in an unusual growth of mane. The animal stands sixteen hands high and is

well proportioned, weighing twelve hundred and fifty pounds. When standing with head elevated the mane to the length of two feet or more rests on the ground. The animal habitually stands with head drooped, the position doubtless being the effect, partly, of the unusual weight upon the neck. The mane measures eight feet in length, and the fore-lock five and a half feet. The animal is eight years old and has seen service in team and on the road. The present owner thought he saw a bonanza in the freak and about a year ago bought and placed her on exhibition. The animal is known as the "Oregon Beauty."

Thanks to Prof. Gere.—A former student of our college now attending lectures in the East, writes to her friends that she stands at the head of the class in anatomy "tnanks to Prof. Gere."

There is no college in the United States where the subject is more thoroughly canvassed than under the instruction of Prof. Gere. A number of instances have occurred where students who have been under his instruction have found later, that home talent is not to be despised.

Strange, Isn't It?—Having the opportunity of seeing an old friend of ours, a few days ago, and knowing that we would be most liable to find him in the city physician's office, we determined to seek him there. Arriving at the door of the office, we gave the countersign, consisting of a vigorous thump upon the wooden barrier between ourselves and the inside of the *sanctum*. In response to a loud "come in," we cautiously opened the door. Our heart immediately assumed its proper position, and the nervous twitching of our knees ceased upon seeing our friend stretched out upon a sofa in the farther end of the room. The door closed with an ominous clang, causing a well-marked chill to pass along our vertebral region. The atmosphere of the apartment felt cold and "pathy"—everything looked pathy. In fact we knew it was "pathy." We were cordially invited to be seated, which we did after a careful examination of the chair, not wishing to be sent heavenward by O'Donelism. In a few moments our friend and we were monarchs of all we surveyed. After having transacted our busi-

ness, we were asked to register our names in the great book kept for that purpose. We did so, writing Dr. —, Eclectic. "Eclectic, hey!" said a sonorous voice. "What is there so enticing in your school of medicine that everybody seems to be inclining towards it?" There was just where he found us at home. We had been patiently watching for an opportunity to unburden ourselves upon this subject where it would do the most good. An explanation from Alpha to Omega followed, and, at its conclusion, our friend remarked that "he now understood why such was the case." Upon inquiry we ascertained that the great pillars of "pathy" were like the leaning tower of Pisa, inclining at an angle of fifteen degrees, ready to topple over upon a little additional pressure from the already favorable stand eclecticism has thus far acquired. In conclusion, we may simply add that we may be slow but inevitable in getting to the top of Mount Esculapius, to which point we are vigorously climbing, banner in hand. M.

The Chinese.—We are the recipients of a communication from C. F. McGlashan, Chairman State Executive Committee of the Anti-Chinese Non-Partisan Association, with a resolution adopted by that Association requesting us to give our position on the Chinese question.

We would beg lief to say that we are in favor of expelling the Chinese from the State. They are, as everybody undoubtedly knows by this time a curse to Civilization. A great many people outside of the State of California, perhaps think as the reverend gentleman of Boston, who stated that the "Chinese were as good people and as cleanly as the Whites." For such people, and especially the Reverend doctor, we will extend a cordial invitation to call upon us and together we shall "slum it." This question is one of great importance. It is absolutely necessary that our people should take a decided stand, to protect not only themselves but also their children now growing up and those who are to come. People who have not been favored by the smiles of "dame fortune" do not wish to allow their daughters to work in factories and be governed by long-nailed, pig-tailed, polluted Chinese bosses. It is a disgrace to humanity, a black stain upon

the history of a free country that can never be wiped out, that such has been the state of affairs in the Golden West for a great many years. Although we are in favor of sending them back to the "flowery kingdom" from whence they came, we are not in favor of any violent means to gain that much desired end.

Were everybody as we are these heathens would not linger long ere placing a great expanse of water between themselves and the United States. We have never patronized one of them, and what is more, do not intend to.

Our idea in the matter is, though it may be deficient, is to compel the money that brought them here take them back.

The sooner this can be done the better.

M.

MISCELLANEOUS PARAGRAPHS.

"Now, sir, you are better," said a Boston faith doctor to a patient he had been treating; "tell me just how you feel." "Well, sir" replied the victim, "I feel like a—fool; how much is your bill?"

We are in receipt of the announcement of the Sixteenth Annual Meeting of the National Eclectic Medical Association to be held at Atlanta, Georgia, on the 16th, 17th and 18th days of June 1886.

An Ohio doctor who has been collecting facts about opium eating believes he can demonstrate that the use of narcotics is most common in towns where the sale of alcoholic beverages is not permitted.

I take much pleasure in bearing testimony to the remedial effects of Peacock's *Fucus Marina*. I am better pleased with its action than anything I have ever used as an antidote to Malarial poisoning.

Keysburg, Ky.

J. T. HERNDON, M. D.

Every eclectic physician should keep himself well posted upon all medical subjects. It is his duty to read and observe in order that he may become a thoroughly competent practitioner. This he can not, unless he becomes a subscriber to the *California Medical Journal*; the banner of the Pacific Coast, and don't you forget it.

"Your patient is able to be about, I see," remarked the doctor. "Yes, sir," replied the student, "he's around, but he's terribly emaciated." "Yes," replied the doctor, he seems to be. His wife told me she sewed a row of buttons on an umbrella cover and he's wearing it for an ulster,"—*Burdette in Peoples' Health Journal*.

I have used Peacock's Bromides in my practice with success. A little girl 12 years old had been afflicted with epilepsy since she was three months old, having epileptic convulsions nearly every day until I put her on Peacock's Bromides.

Since then she has not even had a symptom of one. It is surely a great remedy.

Hazlehurst, Ga.

JEFFERSON WILCOX, M. D.

—A London paper says that an apothecary of Thorndale, had just received a fresh supply of vaccine points, and some of them happened to be exposed on his counter. A burly farmer from the neighborhood was in at the time, and amused himself by using one of the points as a toothpick, pricking his gum in the operation. "It took" in the most approved style, and the man is now in possession of a mouth that is crowding all the features of his face out of shape.

A Texas doctor gave the *Medical Bulletin* an account of the ease with which doctors are made in that State. He took a six hours' ride with a Texan villager, who asked him a great many questions about the medicines for certain diseases then prevailing in the locality. On the following week he had occasion to visit a neighboring village, where he found his recent companion with his shingle out as a full-fledged doctor. He had graduated in that six miles' ride.—*Peoria Medical Monthly*.

"Darwin forever!" shouted the medical student, looking up from the paper. "Here's a sailboat with seven people on board capsized, and the only person saved was a dress-maker." What has that to do with Darwin? growled the Professor. "Survival of the fittest," said the student, triumphantly. "Married woman?" asked the Professor. "No sir, young lady." Miss fittest, then," said the Professor, and the class went out through all the apertures in the room simultaneously.

An old friend of ours was taken violently sick at the stomach, one morning while wending his way to his office. Grasping a lamp post that stood close by, he proceeded to amuse himself in the endeavor to remove from his body that infernal machine termed the stomach. In a few moments he was surrounded by a throng of sympathizers, with remarks of "poor old man," "can't

we do something for him," etc. Soon the sufferer partially straightened himself up and exclaimed s-ugh-sm-oh-small pox! In less time than it would take to tell it he had the entire street to himself.

Old Solemnity, is a venerable appearing gentleman, who has stood the wear and tear of two score and ten years. He might have been an athletic fellow when in his teens, but now he is getting aged and his former manly form has wasted to something a little superior in its make-up to a skeleton. He was recently taken ill and a neighboring physician was called in. That functionary saw fit to apply a good sized blister to "Old Solemnity's" dorsal region. Three long days passed by and at last the doctor happened to remember about the blister and turning his patient over he expected to see a hole in old Sol's back as large as a wheelbarrow. To his amazement the integument was not even discolored. Oh! how that poor blister must have suffered during all that time. Old Sol remarked, "doctor you'll have to get something better than that if you want to blister bones." The doctor "snucked."

BOOK NOTICES.

We are in receipt of a book of one hundred and twenty pages, by N. Senn, M. D., of Milwaukee, Wis., devoted to the experimental and clinical study of air-embolism. It is a thorough and complete work upon this subject.

James W. Queen & Co.'s priced and illustrated catalogue of Ophthalmological Instruments, sixty-sixth edition, now lies on our desk. It gives a precise description of all the Ophthalmological Instruments now in use, together with all the latest improvements.

This firm is an old and well established one, whose business qualities are well known by all physicians. They not only manufacture instruments of the latest designs, but also import and keep a full supply of every make in the market.

The firm is especially competent to select proper spectacles, and a perfect fit guaranteed in every case.

GUIDE TO THE EXAMINATION OF URINE, WITH SPECIAL REFERENCE TO THE DISEASES OF THE URINARY APPARATUS, by K. B. Hoffman and R. Ultzmann. Translated and edited by F. Forchheimer, M. D.

In bringing this little work of two hundred and fifty pages be-

fore the medical public the translator has been encouraged by the fact of its popularity on the continent, and its nearly universal adoption by the German high schools.

This book is not intended for the physiological chemist, nor for him who is going to make animal chemistry a specialty; neither does it supply the place of many larger works. Every test, every method is brought home to the student and physician for use in practice. A great amount of time and space is spent upon methods, showing how an examination of urine and diagnosis of disease can be most readily and quickly made. The book, in every respect, is fully up to the times, for which the names of the authors alone are sufficient guarantee.

We hope that this work will receive the support it rightly deserves. It can be purchased at the nominal price of \$1.50. Publishers, J. H. Chambers & Co., Saint Louis, Mo.

THE THEORY AND PRACTICE OF MEDICINE, by Frederick T. Roberts, M. D., Professor of Materia Medica and Therapeutics and of Clinical Medicine at University College; Physician to University College Hospital-Physician to Brompton Hospital for Consumption and Diseases of the Chest; Examiner in Medicine at the Royal College of Surgeons; Examiner in Materia Medica at the University of London, and at the Royal College of Physicians, etc. etc. Illustrated Fifth American Edition Published by P. Blakinston, Son & Co., No. 1012 Walnut St., Philadelphia, Pa.

This work has been before the profession for a number of years and stands high as a work of reference and authority. In the late revision a praiseworthy disposition appears to bring the work up to the latest standpoint in the use of remedies for the treatment. As a guide to the diagnosis and prognosis of disease it has few equals and no superiors of like scope.

The undersigned is agent for all forms of faradic and galvanic batteries, and is also prepared to furnish all electrical supplies, including zinc and carbon plates, needed for physicians' use. Inquiries, orders and all other communications pertaining to the subject, will receive prompt response upon application to

H. T. WEBSTER, M. D., Oakland, Cal.

The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly, at 4 o'clock, P. M., on the second Thursday of each month, at the office of Dr. Gere, Secretary, 120 Post Street, San Francisco.